

APPLICANT PROFILE

Applicant Organization Name: _____

Federal Employer Identification Number (Organization Tax ID Number): _____

Contact Person for Administrative Matters: _____

Title of Contact Person: _____

Telephone of Contact Person: _____

Email of Contact Person: _____

Proposed Site Address: _____
_____Program Model (select one): ☐ Industry Awareness ☐ Post-Secondary PreparationService Delivery Area (select one): ☐ Region 1 (Wards 1-4) ☐ Region 2 (Wards 5-8)

Total Amount of Funds Requested: _____

Number of Youth Participants to be Served: _____

Per participant cost (cannot exceed \$4,500): _____

Applicant's Authorized Representative	
Authorized Rep Name:	
Title of Authorized Rep:	
Email:	
Telephone:	

Signature of Authorized Representative_____
Date